



Application for Building Permit

7800 Golden Valley Road, Golden Valley, MN 55427-4588

Phone: (763) 593-8090 Fax: (763) 593-3997 TTY: (763) 593-3968 (Turn page over to complete application)

Date _____

Permit No. _____

Site Address _____	Suite # _____
Tenant (Co.) _____	

Applicant: Owner _____ Contractor _____ Lot _____ Block _____ Addition _____

Property Owner	Name _____ Address _____ City _____ State _____ Zip _____ Phone: _____ Cell: _____ E-Mail _____
Contractor	Company _____ Address _____ City _____ State _____ Zip _____ Phone: _____ Fax: _____ E-mail _____ Contact Person _____ Cell: _____ Contractor License # _____ Expiration Date _____ EPA Lead Certification # _____ Expiration Date _____
Designer/Architect	Company _____ Phone: _____ Address _____ City _____ State _____ Zip _____ Contact _____ Cell: _____ Fax: _____ E-mail _____

Zoning:	<input type="checkbox"/> 01 - Residential <input type="checkbox"/> 02 - Commercial <input type="checkbox"/> 03 - Institutional																																								
Bldg Permit Type:	<table border="0"><tr><td><input type="checkbox"/> 70 - Main Structure</td><td><input type="checkbox"/> 74 - Bsmt. Finish</td><td><input type="checkbox"/> 14 - Other Structure</td><td><input type="checkbox"/> 20 - Shed</td></tr><tr><td><input type="checkbox"/> 71 - Tenant Space</td><td><input type="checkbox"/> 75 - Chimney/Firepl.</td><td><input type="checkbox"/> 15 - Reside</td><td><input type="checkbox"/> 22 - Stucco Finish</td></tr><tr><td><input type="checkbox"/> 72 - Window/Door</td><td><input type="checkbox"/> 77 - Interior Demo</td><td><input type="checkbox"/> Soffit _____ Fascia _____ Tr _____</td><td><input type="checkbox"/> 23 - Stucco Redash</td></tr><tr><td># Windows _____</td><td><input type="checkbox"/> 04 - Garage</td><td><input type="checkbox"/> 16 - Reroof/Tear-Off</td><td><input type="checkbox"/> 25 - Reroof/Flat Roof</td></tr><tr><td>b. Pocket unit/sashes _____</td><td><input type="checkbox"/> 05 - Demolition</td><td>House _____ Garage _____</td><td><input type="checkbox"/> 26 - Retaining Wall</td></tr><tr><td># Doors _____</td><td><input type="checkbox"/> 07- Pool</td><td><input type="checkbox"/> 17 - Deck</td><td><input type="checkbox"/> 27 - Insulation</td></tr><tr><td><input type="checkbox"/> 73 - Fire Damage</td><td><input type="checkbox"/> 10 - Moving</td><td><input type="checkbox"/> 18 - Porch/3 Season</td><td><input type="checkbox"/> 13 - Elevator</td></tr><tr><td><input type="checkbox"/> 78 - Bridge</td><td><input type="checkbox"/> 13 - Gazebo</td><td><input type="checkbox"/> 21 - Front Porch</td><td><input type="checkbox"/> 99 - Other _____</td></tr><tr><td><input type="checkbox"/> 27 - Tower</td><td><input type="checkbox"/> 24 - Front Steps</td><td><input type="checkbox"/> 28 - Handicap Ramp</td><td></td></tr><tr><td><input type="checkbox"/> 19 - Drain Tile</td><td></td><td></td><td></td></tr></table>	<input type="checkbox"/> 70 - Main Structure	<input type="checkbox"/> 74 - Bsmt. Finish	<input type="checkbox"/> 14 - Other Structure	<input type="checkbox"/> 20 - Shed	<input type="checkbox"/> 71 - Tenant Space	<input type="checkbox"/> 75 - Chimney/Firepl.	<input type="checkbox"/> 15 - Reside	<input type="checkbox"/> 22 - Stucco Finish	<input type="checkbox"/> 72 - Window/Door	<input type="checkbox"/> 77 - Interior Demo	<input type="checkbox"/> Soffit _____ Fascia _____ Tr _____	<input type="checkbox"/> 23 - Stucco Redash	# Windows _____	<input type="checkbox"/> 04 - Garage	<input type="checkbox"/> 16 - Reroof/Tear-Off	<input type="checkbox"/> 25 - Reroof/Flat Roof	b. Pocket unit/sashes _____	<input type="checkbox"/> 05 - Demolition	House _____ Garage _____	<input type="checkbox"/> 26 - Retaining Wall	# Doors _____	<input type="checkbox"/> 07- Pool	<input type="checkbox"/> 17 - Deck	<input type="checkbox"/> 27 - Insulation	<input type="checkbox"/> 73 - Fire Damage	<input type="checkbox"/> 10 - Moving	<input type="checkbox"/> 18 - Porch/3 Season	<input type="checkbox"/> 13 - Elevator	<input type="checkbox"/> 78 - Bridge	<input type="checkbox"/> 13 - Gazebo	<input type="checkbox"/> 21 - Front Porch	<input type="checkbox"/> 99 - Other _____	<input type="checkbox"/> 27 - Tower	<input type="checkbox"/> 24 - Front Steps	<input type="checkbox"/> 28 - Handicap Ramp		<input type="checkbox"/> 19 - Drain Tile			
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Description of Work _____

Description of Use of Space _____

Office Use Census Code:	New <input type="checkbox"/> 101 - 1 Fam. Res. <input type="checkbox"/> 102 - 1 Fam. Attached <input type="checkbox"/> 103 - 2 Fam. (Duplex) <input type="checkbox"/> 104 - 3&4 Family <input type="checkbox"/> 105 - 5 or more Family <input type="checkbox"/> 213 - Hotel/Motel <input type="checkbox"/> 214 - Other Shelter	New <input type="checkbox"/> 318 - Amusement/Rec. <input type="checkbox"/> 319 - Place of Worship <input type="checkbox"/> 320 - Industrial <input type="checkbox"/> 321 - Non Res. Garage <input type="checkbox"/> 322 - Service Station <input type="checkbox"/> 323 - Hosp./Institution <input type="checkbox"/> 324 - Office/Bank	New <input type="checkbox"/> 325 - Utilities <input type="checkbox"/> 326 - Schools/Ed. <input type="checkbox"/> 327 - Retail/Rest. <input type="checkbox"/> 328 - Other Nonres. <input type="checkbox"/> 329 - Nonbldg	<input type="checkbox"/> 434 - Alt./Add/ Res. <input type="checkbox"/> 437 - Alt./Add. Nonres. <input type="checkbox"/> 438 - Alt./Add. Res. Gar. <input type="checkbox"/> 645 - Demo 1-Fam. <input type="checkbox"/> 646 - Demo 2-Fam. <input type="checkbox"/> 647 - Demo 3&4 Fam. <input type="checkbox"/> 648 - Demo 5 or more <input type="checkbox"/> 649 - Demo Other
	Office Use SAC Code	<input type="checkbox"/> 01 - Single Family <input type="checkbox"/> 02 - Duplex <input type="checkbox"/> 03 - Townhouses/Condo's	<input type="checkbox"/> 10 - Apartments Public Housing (20 - 23) <input type="checkbox"/> 20 - Single Family	<input type="checkbox"/> 21 - Duplexes <input type="checkbox"/> 22 - Townhouses <input type="checkbox"/> 23 - Apartments
Office Use Required Inspections	<input type="checkbox"/> 02 - Final <input type="checkbox"/> 08 - Soil Test <i>(Req'd Before Footing)</i> <input type="checkbox"/> 03 - Footing <input type="checkbox"/> 04 - Framing <input type="checkbox"/> 05 - Radon	<input type="checkbox"/> 06 - Insulation <input type="checkbox"/> 07 - Ice & Water <input type="checkbox"/> 09 - FlatRoof/Tearoff <input type="checkbox"/> 10 - Wall Reinforcing <i>(C.M.U. Inspect at 4' lifts)</i>	<input type="checkbox"/> 14 - Drain Tile <input type="checkbox"/> 16 - Poured Wall <input type="checkbox"/> 17 - Fire Stopping <input type="checkbox"/> 18 - Floor Slab <input type="checkbox"/> 19 - Lath	<input type="checkbox"/> 11 - I & I <input type="checkbox"/> 23 - Sanitarian Final <input type="checkbox"/> 26 - Special Inspections <input type="checkbox"/> 90 - Other <input type="checkbox"/> 98 - No Ins Req'd

Permit and Plan Review Fee are based on 2004 LMC/AMM Recommendation.

Estimated Value of Work \$ _____

Description	Square Footage
Basement	
1 st Floor	
2 nd Floor	
Sq.Ft. per Fl Above 2 nd	
Total Square Feet	
Garage-Attached	
Garage-Detached	

Office Use Only

Bldg Permit Fee	\$ _____
Plan/Site Check Fee	\$ _____
State Surcharge Fee	\$ _____
(Value X .0005)	
S.A.C. Fee	\$ _____
Other	\$ _____
Total Fees	\$ _____

Length _____ Width _____ Stories _____ Occupancy Type _____ Construction Type _____

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Golden Valley to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Golden Valley and the State of Minnesota.

Applicant's Signature _____

Date _____

This permit shall be null and void if work is not started within 180 days or if work is suspended or abandoned for 180 days.

Permit Approved By:



Stormwater Management Permit Required

Stormwater Mgmt. Permit # _____

Date Issued _____

Date Inspected _____



Stormwater Mgmt. Permit Not Required

Signature _____

Date _____

Signature _____

Date _____

I:\Build\PermitApplication (05/04/11)



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.

